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THE PSYCHOPATHIC LABORATORY IN CRIMINOLOGY¹

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The need for medical attendance upon prisoners has existed since the days of the earliest prisons, built of logs and later of stone or brick. As civilization advanced and primitive methods of penal administration gave way to more humane and less punitive procedure, the field of the prison physician widened, and from the limited ministrations of an emergency caller the more systematic services of well-equipped practitioners were called for and prisoners were better treated. Still later, as communities multiplied and grew, offenders increased in number and classification of prisoners demanded new kinds of prisons, especially reformatories. For some of these resident physicians have been appointed.

The appointment of a resident physician should and usually does mark the beginning of a new era in the usefulness of a prison, an era of added permanence, dignity, progress; for there is then added the undivided, specialized energy of a trained mind and presumably strong personality whose success is made or marred by his efforts in his one chosen field. Confidence in the administration is strengthened both within the walls and outside. That intangible, psychologic effect on friendly and unfriendly critic alike has been enlisted which is always made by relative completeness of equipment. With the advent of the resident physician came the earliest opportunity for an extension of medical usefulness and research beyond the limits of body hygiene into the field of mental hygiene, the field par excellence of the physician in a penal community.

A notable step taken by progressive physicians has been the recognition of the importance and necessity of treating in prisoners those remediable physical obstacles to clarity of thinking and symmetrical mental development, nasal obstructions, pus foci, infected ears, carious teeth, errors of refraction, venereal disease infections, etc. The next logical step in penal medicine is the recognition of the importance of classifying prisoners on the basis of their mentality.

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The daily compelling routine of the prison physician is a good and worthy work if it be well done; but at best it is indirect and contributory rather than intensively criminological; if results be measured in terms of units reformed. The doctor may win the gratitude and confidence of the prisoner whose life he saves in the operating room; but the physician's lasting satisfaction centers in the prisoner whom he has inspired to reformation in the laboratory by a direct appeal to his mentality through his reason, ambition, manhood.

The physician's duty and privilege to study and safeguard the mental integrity of his patient should be regarded as not less important nor apparent than his responsibility for their bodily health. The prison physician may convey vastly more of benefit to his charges in one hour by his advice and prescriptions of moral and intellectual calisthenics based on their mental needs as ascertained by the analysis and friendly inductive reasoning of the psychopathic interview than by ministering to them in the hospital for days.

The activities of a psychopathic laboratory and social service clinic require no extensive material foundation or elaborate equipment in the beginning. The mental equipment of the practitioner must be well trained and adequate. On this essential foundation will accumulate the laboratory records and classifications, the tangible results representing but meagerly, however, the intangible benefits to be found in the clarified thinking, studied purposes and energized achievement of the men analyzed, instructed and awakened. A psychopathic laboratory may begin modestly and prove its worth by its fruits.

The principle underlying the success and continued development of a penal psychopathic laboratory is the same as that energizing all scientific endeavors: the adaptation of known means to the accomplishment of worthy ends.

Already psychopathic clinics here and there, notably in Illinois, Massachusetts, Michigan, New York, Ohio and Pennsylvania, testify to the recognition by administrative authorities of the importance of scientific prisoner study by the physician. None of these laboratories once rightly started has been abandoned.

There are two hitherto neglected direct avenues of approach to the offender's mentality available to the medical observer: (1) by specially adapted training of prisoners in suitably constituted groups, these being determined by individual psychopathic examination for classification, and (2) by special social service appeal to the prisoner's thinking, motives, purposes based on his ascertained mental needs. The concept of the prison, house of correction or reformatory as

a place of reformation is an erroneous one, whether held by the prisoner or by those in authority over him. The ideal reformatory is in fact a good place for one who should reform, just as a preparatory school is a good place for one seeking a college training. Prisoners often vaguely feel that on release they have been or will be reformed. That is good so far as it goes, but the also often unconsidered opinion that somehow, if they are not reformed, the fault is not theirs, is a sophistry too often not corrected during incarceration. The fact is, of course, that the reformatory, or the house of correction, is their instructor, supplying only what an extraneous agency may, i. e., information, suggestion, training and inspiration. A vital mistake made by prisoners is that of relying on their good intentions as a fortification against failure. Very few inmates realize that they must proceed beyond the good intention stage to the next step, i. e., the making of a *plan* for a busy, progressive future, in which study for advancement replaces their accustomed idleness and the formation of a determination involving self-denial becomes a prerequisite to success. The period of struggle for reconstruction and reformation is outside the walls, where temptation is, and the critical day is that of release.

When a prisoner is taught these simple truths, and leaves the prison fortified with a carefully thought-out plan of how he will live and spend his time, especially his spare time, for a definite period, say five years, while he masters a trade, then the penal institution has done its part and the offender knows it and knows what his own responsibility is. The issues are clarified. The man is prepared for his struggle and far better fortified against failure than he would be with only his good intentions. Reformation is a mental process starting within the man, not something he is to acquire from without.

Psychologically, the offender has in common with all thinking beings a strong tendency or "trend," the resultant of inheritance and accumulated experiences, which acts to keep him continuing along his accustomed course. The offender in common with all mankind must oppose or overcome or "cyphon" this trend before a change in the accustomed course of his life may occur. In the case of the offender there are, moreover, other trends which act with and accelerate or augment the above mentioned trend towards continuance along a beaten track. These trends are: the closely allied love of ease, love of adventure, wish to escape punishment and ridicule, love of approbation of the "gang" and its leader, etc. As the trends continue to act against the weaker "resistance" of early teachings, filial

regard, etc., they become more potent and amalgamate to produce a strong current of trends, the victim of which is familiar to us as the "hardened criminal."

Obviously, then, the problem of the medico-psychologist or of any social service worker who has found promising material, is to discover the mental mechanisms best adapted in each case to change the course of a mental life necessarily at a point far from the source where, perhaps, the current of trends is very strong. He may seek a "resistance" strong enough to counteract or overcome the current of trends; but this is not easily found. He may try to diminish the strength of the current of trends by "cyphoning" it and thus divide the burden, or he may attempt a combination of these methods. Mental forces must be enlisted in any case which will operate to change the thinking, purposes, and plans of a life in the direction of uplift, and these must be such and so applied as to continue to act effectively; otherwise the constant pressure of the "current of trends" will ultimately triumph.

Under the operation of the trends indicated a thief may be expected to confess only when convinced that further denial is useless. He will shamefacedly admit, when cornered, but his admission of guilt is far from being an assurance in his own subconscious self of even an intention to change his mode of life. In other words, admission of guilt is not synonymous with a "change of heart." How much less is it then an assurance of his *planning* to change his mode of life? His resistances must be so arrayed and his trends to self-indulgence be so combatted or cyphoned that he will not only intend to change his mode of living, but will plan how to accomplish this, and furthermore will consistently act for its accomplishment.

Just as it is not enough for a prisoner to intend to reform, so the medico-psychologist or any social service worker may not be content with superficially winning the acquiescence or co-operation or confession or admiration of the subject. If he would see results, he must proceed beyond the winning of the subject to the evaluation of trends and resistances, and to so select among them, and so suggest to and teach the subject, that the latter may utilize his own mental equipment and proceed with his own rehabilitation. The psychologist, and especially the medico-psychologist, may touch the most vital and the deepest hidden springs of human action; but his touch must be skillfully directed. His aim should be to teach and assist the offender to know and to use his own best or constructive "resistances" and to so select and utilize these in opposing or cyphoning his base or de-

structive trends that the former actually dominate and so redirect his mode of life.

The psychopathic laboratory not only directs thinking, and by classifying, opens the way for the economical training of prisoners; but, by individually adapted teaching fortifies the man where he is weakest. The drug and alcohol addict is taught how to meet temptation, how to avoid it; the epileptic is assisted in his selection of an occupation. The sex offender is appropriately taught, and the psychopath is shown how to recognize his peculiar weaknesses, and how to train himself to withstand or avoid temptation. These essential, personal, intimate teachings, and many others, can be made available to the needy prisoner only as they are ascertained and given him in the psychopathic clinic.

The sphere of influence of the prison physician is immensely widened as he avails himself of his laboratory opportunities. Since the blazing of a trail and foundation of a literature on the study of psychopathic conditions, the minds of administrators and of the public are open to instruction and conviction, and far less conservatism is to be encountered by any earnest, competent, medical prison man regarding the usefulness and importance of a laboratory with records than would have been encountered only a year or two or three ago.

Many a superintendent or warden is wishing his prison physician would take the initiative and show an active interest in the mental condition of his prisoners. It is not to be inferred that wardens are backward about seeking what they regard as of value to their institutions. Quite the contrary; but the fact remains that many a warden would feel the layman's delicacy involved in his suggesting to his prison physician the establishing of a psychopathic laboratory. Not one but several wardens that I recall have expressed to me spontaneously the wish that their medical officer would take a more active interest in the mental lives of his patients. The physician is logically the man to initiate the movement in any prison for a psychopathic laboratory.

The prison physician who acquaints himself with the mental condition and needs of his prisoners is in a position to be of great assistance to the Board of Parole, which should be a regularly constituted part of any penal system. His diagnoses of kind and degree of mental departure form an important part of that body of systematized and verified information presented to the Parole Board on each case as a basis for action under their rules. This work, the duty and privilege of prison physicians, the uplift of the "submerged tenth" before habit

shall have confirmed criminal tendencies, is directly in line with the greatest humanitarian, sociologic movement of our time.

Doctor, now Captain F. L. Wells of the McLean Hospital, acting as a member of a committee composed of the most eminent psychologists of the country, which has set itself the task of assembling a series of intelligence tests adapted to demonstrate the intellectual fitness or unfitness of recruits, applied their admirably contrived system of tests to fifty inmates of Massachusetts Reformatory, taking a class in the school of letters. The sum of \$5.00 was offered in three prizes for the best performances. The tests were adapted for group application and the giving required but fifty minutes' time. Spontaneous co-operation on the part of all these voluntary contestants was evident throughout. The wealth of material and manner of applying the tests excluded the possibility of coaching. Cribbing was prevented by the presence of five monitors. A result which could not be one wholly of coincidence was that the winner of the first prize was found, on the correlation of scores with institution misconduct marks, to be the holder of the highest score in that category also. In other words, the best performer with the intelligence tests was he who, judged by his disciplinary record, was the least careful of his self-control in the prison.

It would seem to be a not unfair inference from this case at least, that a measure of intelligence was not a measure of self-control, and that there is no tendency to the correlation of high intellectual efficiency with "goodness" or moral stamina; yet there may be a relationship, for this one case proves nothing. Here is suggested an enticing research problem for the laboratory worker whose material is the acting but warped minds of those of his fellow-beings for whose instruction in right thinking he is temporarily responsible. What is the relationship, if any, of character deviation and intelligence defect? There are many other problems pressing for solution.

Penal psychiatric studies and propaganda with their far-reaching results form the best and most cogent of concrete examples of what the directors and agents of the great foundations are studying to accomplish in other sociologic classes. When Mr. Rockefeller gave \$100,000,000, now without restriction, "to be used in the acquisition and dissemination of knowledge, in the prevention of suffering and in the promotion of any and all the elements of human progress," he sought in his way to further the realization of the same ideal in a wider field than inspires the psychopathic worker. It is not the wealthy man only who may

seek to realize his ideals for humanity by giving what he has to give. The prison physician may seek to realize an ideal not less worthy by giving what he has in applying his skilled energy to the emancipation of individual prisoners from the misconceptions, unworthy ambitions, mental conflicts, incipient psychoses, damaging habits, warped disposition, or inimical prejudice, etc., etc., with which they contend. The relief of individuals from these and many other remediable mental twists is peculiarly the work of the medical man. When others offer to assist in this work their efforts should be welcomed and directed and utilized in this wide and fertile field. The workers are all too few at best.

But the important consideration to be urged before this body is that the physicians in the field reach out to that which is before; that they organize and systematize their studies and efforts to include the mental welfare of patients as well as their physical needs. Is not the time ripe for this advance?

There is perhaps no more promising field for the prison physician in which to train himself for usefulness in the conservation of our nation's manhood for this and future generations than is this work of organizing a prison psychopathic laboratory. Our problem is to sift out those unworthy and uplift those worthy to be the sponsors and progenitors of American manhood.